## AMENDED IN ASSEMBLY JUNE 8, 2005 AMENDED IN SENATE APRIL 25, 2005 AMENDED IN SENATE MARCH 29, 2005

## SENATE BILL

No. 630

## **Introduced by Senator Dutton**

February 22, 2005

An act to amend Sections 7155.7 and 7184.5 Section 7155.7 of the Health and Safety Code, relating to anatomical gifts.

## LEGISLATIVE COUNSEL'S DIGEST

SB 630, as amended, Dutton. Anatomical gifts: organs: inquests. Existing law, until January 1, 2006, authorizes the county medical examiner or coroner to permit or deny removal of organs that constitute an anatomical gift from a decedent who died under circumstances requiring an inquest, on request from a qualified procurement organization, if certain conditions are met depending upon whether an autopsy is or is not required. Existing law requires the medical examiner or coroner to be present during the removal procedure under certain circumstances and requires the qualified procurement organization requesting removal of the organ, upon the request of the medical examiner or coroner, to reimburse the medical examiner or coroner for the actual costs incurred in being present during the removal procedure.

This bill would delete the January 1, 2006, repeal date, thereby extending the operation of these provisions indefinitely. To the extent the continuance of these procedures establish additional duties for county medical examiners and coroners, this bill would impose a state-mandated local program.

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Existing law requires a procurement organization to develop protocols for organ recovery, which are subject to the approval of the coroner or medical examiner before release or removal of organs. The protocol is required to provide for listed relevant information on the deceased, and the organ procurement coordinator is required to record specific information, at the time of requesting permission for organ removal.

This bill would change references in these provisions from "deceased" to "cligible donor" and would revise the list of relevant information for which the protocol is required to provide and the information the organ procurement coordinator is required to record.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 7155.7 of the Health and Safety Code is 2 amended to read:
  - 7155.7. (a) On request from a qualified procurement organization, the county medical examiner or coroner may permit the removal of organs that constitute an anatomical gift from a decedent who died under circumstances requiring an inquest by the medical examiner or coroner.
  - (b) If no autopsy is required, the organs to be removed may be released to the qualified procurement organization.
  - (c) If an autopsy is required and the county medical examiner or coroner determines that the removal of the organs will not interfere with the subsequent course of an investigation or autopsy, the organs may be released for removal. The autopsy shall be performed following the removal of the organs.
  - (d) Except in cases where there is no known next of kin or when a person dies in the custody of a law enforcement agency, if the medical examiner or coroner is considering withholding one or more organs of a potential donor for any reason, the

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medical examiner or coroner, or his or her designee, upon request from a qualified organ procurement organization, shall be present during the procedure to remove the organs. The medical examiner or coroner, or his or her designee, may request a biopsy of those organs or deny removal of the organs if necessary. If the county medical examiner or coroner, or his or her designee, denies removal of the organs, the county medical examiner or coroner may do both of the following:

- (1) In the investigative report, explain in writing the reasons for the denial.
- (2) Provide the explanation to the qualified organ procurement organization.
- (e) If the county medical examiner or coroner, or his or her designee, is present during the removal of the organs, the qualified procurement organization requesting the removal of the organ shall reimburse the county of the medical examiner or coroner, or his or her designee, for the actual costs incurred in performing the duty specified in subdivision (d), if reimbursement is requested by the county medical examiner or coroner. The payment shall be applied to the additional costs incurred by the county medical examiner's or coroner's office in performing the duty specified in subdivision (d).
- (f) The health care professional removing organs from a decedent who died under circumstances requiring an inquest shall file with the county medical examiner or coroner a report detailing the condition of the organs removed and their relationship, if any, to the cause of death.
- SEC. 2. Section 7184.5 of the Health and Safety Code is amended to read:
- 7184.5. (a) In conjunction with entering into any agreement with any coroner or medical examiner for release and removal of organs from bodies within that official's custody and to further the purposes of Section 27491.45 of the Government Code, a procurement organization shall develop a protocol for organ recovery, as appropriate, that provides sufficient information on the medical and injury status of the eligible donor to permit release and removal of organs without undue prejudice to that official's investigation of, or inquiry into, the cause of death.

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(b) The protocol described in subdivision (a) shall be subject to approval by the coroner or medical examiner before release or removal of organs and shall provide for the following:

- (1) Relevant information on the eligible donor to be given to the coroner or deputy coroner at the time of the initial request for permission to recover internal organs, including, but not limited to:
- 8 (A) Information identifying the eligible donor.
  - (B) Name of procurement organizations and coordinator.
- 10 (C) Organs requested.
- 11 (D) Organ donor number and hospital.
- 12 (E) Apparent cause and manner of death.
  - (F) A brief description of alleged circumstances surrounding the death to the extent they are known at the time.
    - (G) The law enforcement agency and the name of the investigating officer handling the ease.
  - (2) The following information, to be recorded by the organ procurement coordinator at the time of requesting permission for organ removal:
    - (A) The name of the deputy coroner contacted.
  - (B) The name of the pathologist contacted by the deputy coroner.
  - (C) Whether permission for removal was obtained at the time, including the date and time if permission was obtained, or whether in the case of donation after cardiac death, preliminary release for organ donation was provided by the coroner or medical examiner, including the date and time of the release.
  - (D) The coroner's case number assigned by the deputy coroner.
  - (E) If the request for organ removal is refused, the reason given for the refusal.
  - (3) A checklist to be completed prior to recovery of any organ by the procurement organization coordinator with the assistance, if necessary, of a physician attending the eligible donor, that includes, at a minimum, all of the following:
  - (A) Medical record review to insure documentation of external injuries, fractures, and internal injuries.
- 38 (B) In cases of suspected child abuse, whether:
- 39 (i) A child abuse consult was obtained.

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(ii) A computerized axial tomographic sean or magnetic resonance image of the head was obtained.

(iii) A radiological skeletal survey was done.

- (iv) The presence or absence of visible injury to the back of the sealp, ears, nose, and mouth, or retinal hemorrhage has been documented.
- (v) A coagulation screen report was in the eligible donor's records.
  - (C) A photographic record of visible external injuries.
- (D) Admitting blood sample, if available, and the date and time the sample was drawn.
- (4) A checklist of items to be provided to the coroner's office when the eligible donor's body is released after completion of organ recovery, including, but not limited to, all of the following:
  - (A) A copy of the eligible donor's medical records.
  - (B) Film documenting abnormal findings, if used.
- (C) The information recorded pursuant to the requirements of this subdivision.
- (D) A sample of the eligible donor's blood, if taken on admission.
- (5) A form, completed by the physician and surgeon, technician, or team performing the organ recovery procedure and signed by the physician and surgeon, that describes in sufficient detail all of the following:
- (A) Tests used to determine the suitability for transplantation of all organs recovered.
- (B) Documentation of injuries and other abnormalities, if any, noted or occurring during the organ recovery procedure.
  - (C) The date and time organ recovery was started.
- (D) Any other information on the state of the eligible donor's body or organs that the physician and surgeon, technician, or team believes may assist the coroner in his or her investigation or inquiry.
- (c) The requirements of subdivision (a) shall not apply in any county that does not have a Level II trauma facility, as defined in Section 1798.160 and the regulations adopted pursuant thereto.
- (d) Notwithstanding any other provision of law, a health care provider may release the information described in this section to the procurement organization, the coroner, or the medical examiner.

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1 (e) For purposes of this section, "organ" or "organs" means 2 internal whole organs, including, but not limited to, the heart, 3 kidneys, the liver, and lungs, but does not include eyes, skin, or 4 other similar tissue.

5 SEC. 3.—

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SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because a local agency or school district has the authority to levy service charges, fees, or assessments sufficient to pay for the program or level of service mandated by this act, within the meaning of Section 17556 of the Government Code.